

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION
DIVISION OF BUSINESS AND FINANCE
CONTRACT AMENDMENT

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1. AMENDMENT NO.: 3	2. CONTRACT NO.: YH07-0001-05	3. EFFECTIVE DATE OF MODIFICATION: October 1, 2006	4. PROGRAM: DHCM-ALTCS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Pima Health System 3950 South Country Club Road #400 Tucson, AZ 85714			
6. PURPOSE: To modify Section B. Capitation Rates			

7. The contract referenced above is amended as follows:

Section B. Capitation Rates

A. Add the following below the section titled Capitation Rates (per member per month)

“Financial Viability Standards - Equity per Member”:

“AHCCCS has approved Pima Health System’s use of a partially restricted Line Of Credit (LOC) as a performance guaranty that will serve in lieu of the equity per member requirement. This guaranty is only for Pima Health System’s contract with AHCCCS’ ALTCS program. The restricted amount shall be \$10,000,000.00 available for the sole purpose of fulfilling contractual requirements with AHCCCS. Pima Health System will provide a monthly summary detailing any amounts drawn from the LOC. This summary shall be due to DHCM-ALTCS no later than the 15th of each month.”

Note: Please sign, date and return one original to:

Jamey Schultz
AHCCCS Contracts & Purchasing
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. NAME OF CONTRACTOR: PIMA HEALTH SYSTEM	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
TYPED NAME:	TYPED NAME: MICHAEL VEIT
TITLE:	TITLE: CONTRACTS AND PURCHASING ADMINISTRATOR
DATE:	DATE:

